It's that time …

Kingsburg After School Recreation Program

Lincoln Elementary School
TK – 8th Grade

Program begins:
Thursday, August 18th
After school to 5:30PM
Monday thru Friday

Cost:
$115.00/month/child
(discount offered for multiple child enrollment)

Registration begins: Tuesday, August 9th
Kingsburg City Hall

Activities include: homework help, arts & crafts, snack & much more!

After School Meal provided by: Fresno County EOC

For more information, please call 897-6549.

Kingsburg After School Recreation

Registration Form

Program Begins: Thursday, August 18, 2016

Name of Participant: _____

Age (at time of registration):_____ Grade: _____

PLEASE PRINT (Please indicate primary contact by checking the box)

□ Mother's Name: _____

□ Father's Name: _____

Residence Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Mother's Work #: _____

Father's Work #: _____ Mother's Cell #: _____

Father's Cell #: _____ Additional #: _____

EMERGENCY CONTACT PERSON (other than parent):

Name: _____

Phone #'s: _____

Relationship to Participant: _____

I/We, the parents of the above named child, hereby give my/our approval of his/her participation in the above identified Program. I/We are fully aware and understand that the City of Kingsburg will not provide any insurance coverage for our child during his/her participation in the Program. I/We will be responsible to provide all insurance including, without limitation, liability, accident or health insurance and assume all risk and hazards incidental to our child's participation in the Program and all activities associated with the Program, including, without limitation, transportation to and from the Program.

For and in consideration of permitting our child to participate in the Program and the activities associated therewith, the undersigned(s), on behalf of myself/ourselves and my/our minor child hereby voluntarily release, discharge, waive and relinquish any and all actions or causes of action for personal injury, property damage or wrongful death occurring to our child arising as a result of observing, participating or engaging in the Program or any activities, operations or functions incidental or related thereto, wherever or however the same may occur and for whatever period the Program and activities, operations and functions related thereto may continue and I/we do for myself/ourselves and our child and our and the child's respective heirs, executors, administrators and assigns hereby release, waive, discharge and relinquish any action or cause of action, which may hereafter arise for myself/ourselves or our child or our respective estate and agree that under no circumstances will we or our heirs, executors, administrators or assigns or our child's heirs, executors, administrators or assigns prosecute or present any claim for personal injury, property damage or wrongful death against the City of Kingsburg or any of its officers, officials, agents, employees or volunteers for any cause of action whether the same shall be for the

negligence of any said persons or otherwise. I/We for myself/ourselves and our heirs, executors, administrators and assigns and our child's heirs, executors, administrators and assigns agree that in the event any claim for personal injury, property damage or wrongful death shall be prosecuted against the City of Kingsburg, or any of its officers, officials, agents, employees or volunteers, I/we shall indemnify and save harmless the City of Kingsburg, or any of its officers, officials, agents, employees or volunteers from any and all claims or causes of action by whomever or wherever made or presented for personal injuries, property damage or wrongful death. I/We acknowledge that I/we have read the foregoing waiver, release and indemnity agreement and fully understand and know the content thereof.

I/We, the parents of the above named child, do hereby give consent for the City of Kingsburg to use any photos of my/our child for any publicity purposes.

_____ _____

Parent/Guardian Signature Date

MY SON/DAUGHTER HAS MY PERMISSION TO:

_____ Walk home at any time

_____ May be picked up by the following persons:

1. Name: _____

   Address: _____

   Home Phone: _____

   Cell Phone: _____

2. Name: _____

   Address: _____

   Home Phone: _____

   Cell Phone: _____

3. Name: _____

   Address: _____

   Home Phone: _____

   Cell Phone: _____

CITY OF KINGSBURG
COMMUNITY SERVICES DEPARTMENT
HEALTH HISTORY

Child's Name:_____ **Date of Birth**:_____

Address:_____ **Phone#**:_____

Parent/Guardian Name:_____ **Phone#**:_____

Recent Exposure to Contagious Disease: _____**YES** _____**NO**

If yes, give name of disease:_____ **Date of Exposure**:_____

Is there a history of any of the following illnesses or allergies? Check those that apply:

_____ Asthma*	_____ Fainting Spells*	_____ Convulsions*	_____ Nose Bleeds*
_____ Epilepsy*	_____ Upset Stomach	_____ Heart Trouble*	_____ Plant Allergies*
_____ Medication Allergies*	_____ Food Allergies*	_____ Kidney Trouble	_____ Cramps
_____ Rheumatic Fever	_____Behavior Problems*	_____ Diabetes*	_____Sinus Infections
_____ Insect Bites	_____ Headaches*		

***Explain problem and give details on how to handle**:_____
_____
_____

Is the child taking medication, which must be taken every day? _____**YES** _____ **NO**

If yes, explain fully the dosage, time to be taken and reason for the medication:

PLEASE NOTE THAT ALL MEDICATIONS ARE TO BE LISTED REGUARLESS OF WHEN THEY ARE ADMINISTERED.

MEDICATION/DOSAGE	TIME TO BE TAKEN	REASON FOR MEDICATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NAME OF FAMILY PHYSCIAN

Name:_____ **Phone#**:_____

Consent is hereby given for either person in charge of the activity, or if required, to the attending physician to perform first aid or take any other emergency action deemed necessary to protect the health and safety of the above named child.

Parent/Guardian Signature:_____ **Date**:_____

PLEASE READ THIS LETTER CAREFULLY

July 18, 2016

Re: New consent form for participant medications

Dear Recreation Parents:

The City of Kingsburg is a member of the San Joaquin Valley Risk Management Authority (CSJVRMA). This group helps protect the City and other cities like us from lawsuits. It has recently been brought to their attention that city programs around the valley are allowing children to take medications while they are on the city's program site.

As you know, the City of Kingsburg requires participants to have a completed Health History Form before they can start with the Kingsburg Recreation Program. The CSJVRMA would like us to have a more in depth form completed by the parents or guardians of participants that take medications or take medications on site.

Having this information on site is very important for staff to have. If for any reason there is an emergency, EMS would need to know specific information about any medications or allergies your child may have.

If your child is on any medications or if they take any medications at the Recreation Program, you are now required to complete this form in addition to the Health History Form. I have attached a copy the City of Kingsburg Parental/Guardian Consent & Direction to Staff for the Self-Administration of Medicines form. Please complete the form and review the policy. It is very important that you review and understand the verbiage that is provided in this document.

If at any time your child begins taking any kind of medication, even temporarily, you will need to complete this form.

If your child(s) does not have a medical condition and does not take any prescribed or over the counter medication on a regular basis, please sign the bottom and return to City Hall.

If you have any questions, please feel free to contact me by phone at (559) 897-6549 or by email at aschmal@cityofkingsburg-ca.gov.

Sincerely,

Ashlee Schmal
Community Services and Senior Citizens Coordinator
City of Kingsburg

I, _____ (name) have read the City of Kingsburg Parental/Guardian Consent & Direction to Staff for the Self-Administration of Medicines form. I have reviewed it and understand all it entails.

At this time, my child _____ (child's full name) does not have any medical conditions and does not take any prescription or over the counter drugs.

I understand that if my child were to become ill and need to be placed on any medications, even temporarily, I would have to come in and complete the City of Kingsburg Parental/Guardian Consent & Direction to Staff for the Self-Administration of Medicines form.

_____ _____
Signature Date

_____ _____
Printed name Relationship